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PROGRAMME DEVELOPMENT IN THE EAST ASIA AND PACIFIC REGION

SUMMARY

The present document reports on and analyses major new trends and developments of UNICEF programme cooperation in the East Asia and Pacific region during 1994.

The UNICEF regional office has responsibilities for UNICEF cooperation in the following countries and territories: Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Hong Kong, Indonesia, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Papua New Guinea, Philippines, Republic of Korea, Singapore, Thailand, Viet Nam and the countries in the Pacific region (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu).

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I. REGIONAL OVERVIEW

1. The East Asia and Pacific region has an enviable record for high and sustained economic growth. According to the World Bank, the economies of the region grew faster than those of all other regions of the world over the entire period from 1965 to the present. At the same time, absolute poverty has fallen sharply, from one third of the population in 1970 to one tenth in 1990. Living standards in the region have quadrupled in a generation; life expectancy at birth has increased by 45 per cent and mortality among children under five years of age has dropped by some 70 per cent. On a regional basis, population growth, at 1.7 per cent per year, is substantially lower than elsewhere in the developing world. For most countries of the region, the problems of basic survival have been brought largely under control. The under-five mortality rate at the regional level is 56 per 1,000 live births, approximately one half the rate for all developing countries; the infant mortality rate is 42 per 1,000 live births, as compared with 69 per 1,000 live births for all developing countries. More than 90 per cent of the region's children are fully immunized. Adult literacy stands at 80 per cent, and more than 85 per cent of primary school entrants reach grade 5.

2. However, widespread political and economic changes in the region are having major impacts on the situation of children and women. In countries where centrally planned economies are being converted into market-oriented ones, i.e., Cambodia, China, the Lao People's Democratic Republic, Mongolia and Viet Nam, the transformation processes have often led to an overall deterioration in living standards among vulnerable groups as government funded and administered "safety nets" have been wholly or partially dismantled. Another group of countries, including Indonesia, Malaysia, the Philippines and Thailand, is undergoing rapid growth, urbanization and industrialization. In some cases, these processes are widening disparities between the poor and the better-off and creating new marginalized and dispossessed groups. Overall welfare trends may be favourable, but marginal, poor and exploited groups are experiencing stagnant or deteriorating standards of living.

3. In addition, the breakdown of traditional social structures has resulted in more visible increases in child abuse and neglect, family violence, rising crime rates and a weakening of mechanisms for social support and social control. Perhaps the most startling social problem is the rapidity with which human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) has taken hold in the region. According to the World Health Organization (WHO), the AIDS epidemic is expanding faster in Asia than anywhere else in the world. The impact of AIDS is being felt not only socially and economically, but also on health services. Effective societal responses to such emerging problems must include expanded advocacy, social mobilization and communication efforts; increased support for data collection and analysis; and enhanced attention to problems related to women's participation, children in especially difficult circumstances and the Convention on the Rights of the Child. Increasingly, strategies will need to focus on protection issues, while at the same time sustaining and enhancing gains in basic child survival and development.

4. Political and economic realignment, a major trend resulting from the changing situation of the superpowers, will affect UNICEF advocacy work for children, particularly at the regional level. Many countries are seeking new alliances with independent blocs in pursuit of common political and economic interests. An example is the possible expansion of the Association of South-East Asian Nations (ASEAN) to include new partners such as the Lao People's Democratic Republic, Papua New Guinea and Viet Nam; guest countries such as Cambodia and Myanmar; and consultative partners such as China and the Russian Federation. At the same time, a growing newly affluent public is making increased demands for democratically-elected Governments.

5. Political stability is maintained in a climate of strong economic growth, generally under strong leadership and controlling parties. Equally noteworthy is a much more active and vocal civil society. However, decentralization is another dominant political trend, occurring throughout the region and impacting on programme implementation, budgeting and planning, with broad implications for UNICEF partnerships with Governments. There also has been a resurgence of interest in Asian social values, stemming partly from a fear that what are considered to be traditional values may be undermined by the invasion of Western values through the communications explosion, especially satellite television. The factor of values is one that comes into play on issues of human rights and the Convention on the Rights of the Child - issues of rights being viewed from the perspective of a particular country or value system.

II. CONVENTION ON THE RIGHTS OF THE CHILD AND DECADE GOALS AND STRATEGIES

A. Convention on the Rights of the Child

6. With UNICEF undertaking intensive, high-level advocacy at both country and regional levels, 17 countries, representing the vast majority of the region's population, have ratified the Convention. Three East Asian countries (Brunei Darussalam, Malaysia and Singapore) and seven Pacific Island nations (Cook Islands, Kiribati, Niue, Palau, Tokelau, Tonga and Tuvalu) have not yet ratified the Convention. Intensive advocacy by national and international supporters of ratification in Malaysia and the South Pacific countries has heightened the sense of urgency and mobilized support in those countries that have not yet ratified the Convention. Technical support from the Committee on the Rights of the Child and others has been facilitated by UNICEF.

7. Three countries in the region (Indonesia, the Philippines and Viet Nam) have submitted post-ratification reports on follow-up to the Convention on the Rights of the Child, while in six others (China, the Democratic People's Republic of Korea, the Lao People's Democratic Republic, Mongolia, the Republic of Korea and Thailand), reports are in various stages of preparation. The Viet Nam report in particular has been well received. It gives an open and honest assessment of the current situation in the country, clearly linked with positive yet realistic proposals for rectifying identified shortcomings. In addition to general advocacy and promotion, the regional office has provided technical assistance in nine countries for reviewing laws and policies, conducting public awareness and mobilization campaigns, training government and non-governmental organization (NGO) staff and preparing country reports. At the country level throughout the region, UNICEF advocacy and support have contributed to the creation or strengthening of Convention on the Rights of the Child focal points and the establishment of mechanisms for monitoring child rights and facilitating compliance with the provisions of the Convention.

B. Decade goals and strategies

8. In general, the East Asia and Pacific region has made good progress towards achieving the mid-decade goals, and most countries are on track to achieve and sustain most of them. However, certain countries - Cambodia, the Lao People's Democratic Republic, Myanmar and Papua New Guinea, in particular - face special difficulties owing to poverty and inadequate infrastructure, as well as past and present socio-political instability. A regional consultation on the mid-decade goals with the Executive Director in July 1994 helped to clarify the situation with respect to the goals, and has resulted in a sharper focus on areas where additional efforts have the greatest likelihood of achieving significant gains.

Health

9. Most of the health goals are within reach for the region as a whole and, in several cases, they have already been substantially achieved. Regional immunization coverage is above 90 per cent for all antigens except tetanus toxoid for pregnant women. Only Cambodia, the Lao People's Democratic Republic and Papua New Guinea, among the larger countries, report coverage levels substantially below 80 per cent. Immunization with tetanus toxoid ranges from 3 per cent in China to 97 per cent in the Democratic People's Republic of Korea. China's major strategy against neonatal tetanus is clean delivery, but efforts to immunize at-risk pregnant women are under way. In all countries, the reported number of cases and deaths due to measles and neonatal tetanus is substantially below 1 per 1,000 live births. The main remaining challenge is to assure that the same level is achieved in all local government jurisdictions. A total of about 1,300 cases of poliomyelitis were reported in 1993, mainly in China and Viet Nam, and prospects for eradication throughout the region by the end of the decade are good. In several countries, no cases have been reported for the last several years, but the risk of reintroduction is high where illegal immigration is from countries where cases of the disease may still occur.

10. The goal for oral rehydration therapy (ORT) usage presents special problems. The Democratic People's Republic of Korea, Fiji and Kiribati have achieved the goal. An estimated 29 per cent of all diarrhoeal episodes in the region are treated with ORT, although for individual countries this figure varies between 6 per cent (Cambodia) and 85 per cent (the Democratic People's Republic of Korea). However, a lack of clean water supplies and sanitation means that the incidence of childhood diarrhoea is still high in most countries. As most cases are treated at home and never come to the attention of the health system, both disease control and surveillance are difficult.

11. According to WHO, the rapidly accelerating growth of AIDS in Asia has raised the continent's share of total global cases from 1 per cent in 1993 to 6 per cent in 1994. In the East Asia and Pacific region, a large majority of HIV infections is found in Thailand (approximately 600,000 cases) and Myanmar (200,000 cases). In line with UNICEF headquarters recommendations, four countries in the region - Myanmar, the Philippines, Thailand and Viet Nam - have been selected as strategic programme development countries. Activities in these countries are focusing on reproductive health care, youth health promotion, school-based interventions and communications strategies, respectively.

Nutrition

12. The incidence of moderate and severe under weight has declined very slowly in the region and currently stands at over 20 per cent overall, reaching 35 per cent or more in Cambodia, Indonesia, the Lao People's Democratic Republic, Papua New Guinea and Viet Nam. Only in Mongolia, the Philippines and the Republic of Korea does the level fall below 10 per cent. Micronutrient malnutrition is serious in some parts of the region, but as no country routinely assesses the iodine or vitamin A status in its child population, data are weak. UNICEF advocacy has been instrumental in raising awareness of iodine deficiency disorders (IDD), and universal salt iodization has been adopted formally as a national objective by several countries, including China, Indonesia and Viet Nam. Implementation is hampered in Indonesia, Myanmar and Thailand by the fact that domestic salt production is in the hands of many small producers. For the elimination of vitamin A deficiency, UNICEF assistance has concentrated on biannual distribution of vitamin A capsules. In Malaysia, Myanmar and Thailand, specific areas known to have a high incidence of vitamin A deficiency have been targeted. In Cambodia, the Federated States of Micronesia, Indonesia, Kiribati, the Philippines and Viet Nam, the strategy has been the virtual universal distribution of vitamin A capsules to all children under five years of age. The Baby-Friendly Hospital Initiative (BFHI) has been successful in designating and certifying hospitals in all countries, but free or low-cost breast-milk substitutes remain widely available. China, Indonesia, Malaysia and Thailand

have become particular targets for milk industry advertising and sales promotion. Therefore, efforts are being redoubled to develop an effective strategy for countering those commercial efforts. UNICEF fully supports strategies to raise nutritional status through improved dietary practices.

Education

13. In general, the region is progressing satisfactorily towards achievement of the World Summit goals for education. The weighted regional average for net enrolment at primary level is 95 per cent, and 80 per cent of the children initially enrolling eventually reach grade five. The gross enrolment differential between boys and girls is about 6 percentage points; this is smaller in East Asia and the Pacific than in most other regions. Despite this generally positive picture, there is concern throughout much of the region about the quality of education and the relevance of primary curricula to the requirements of life in the modern world. The achievement of universal access will present serious challenges in several countries, particularly Cambodia, the Lao People's Democratic Republic, Myanmar and Papua New Guinea. At present, primary completion rates in Cambodia, the Lao People's Democratic Republic and Myanmar are less than one third of initial enrolment.

Water supply and sanitation

14. Access to clean water varies considerably within the region, reported at 75 per cent or more in the Democratic People's Republic of Korea, Malaysia, the Republic of Korea and Thailand, and at approximately 25 per cent in Cambodia, Papua New Guinea and Viet Nam. Access to sanitation generally lags far behind access to clean water supplies, reaching 50 per cent or more in only five of the region's larger countries (Indonesia, Malaysia, the Philippines, the Republic of Korea and Thailand), and in several places falling in the 10 to 15 per cent range. Public awareness of the health effects of contaminated water supply and poor sanitation is often low. Donor support for the water supply and sanitation sector is generally weak (UNICEF is the only significant source of external assistance in several countries), and water supply and sanitation have not received the level of policy or budgetary support by Governments that some of the other goals enjoy. UNICEF has supported policies and programmes which emphasize women's involvement and focus on community-based self-help approaches.

III. PROGRAMME PROGRESS AND TRENDS

A. Cooperation with regional institutions

15. Networking, experience exchange and collaboration with regional institutions are integral components of the UNICEF regional office strategy to enhance regional cooperation and emphasize children's issues among Governments, bilateral donors and United Nations agencies. UNICEF staff regularly participate in inter-agency task forces, expert meetings and consultations.

16. High-level contacts with ASEAN were used to promote the Convention on the Right Child. Professional links were established with the ASEAN Institute for Health Development for the joint organization of seminars on primary health care. In collaboration with the WHO regional offices in New Delhi, India, and Manila, Philippines, workshops were conducted on the International Code on Marketing of Breast Milk Substitutes and on universal salt iodization. A training course on lactation management for BFHI was held, with participants from three regional countries. Inter-agency consultations on HIV/AIDS involved the Economic and Social Commission for East Asia and the Pacific (ESCAP), the Food and Agriculture Organization of the United Nations (FAO), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and WHO, as well as UNICEF, and regular meetings were held with several United Nations agencies to discuss key women in development issues. The regional office worked closely with ESCAP in planning for the Asia and Pacific

Ministerial Conference in Preparation for the World Summit for Social Development, held in Manila, and contributed materially in drafting the agenda that was ultimately adopted by the Conference.

17. Policy studies and regional workshops were organized in cooperation with the United Nations Educational, Scientific and Cultural Organization and the South East Asian Ministers of Education Organization, including a workshop on school management to promote better quality education. A regional training programme on child labour and street children was conducted in collaboration with the International Labour Organisation (ILO)/International Programme for the Elimination of Child Labour. UNICEF continued to work closely with the regional child rights network ASIANET, focusing on themes related to children in especially difficult circumstances. Links were established or maintained with several research and academic institutions, including the Asia and Pacific Academic Consortium on Public Health, for the production of joint publications; the Institute of Nutrition, Mahidol University (Bangkok, Thailand), in promotion of universal salt iodization and reduction of vitamin A deficiency and protein-energy malnutrition; and Siriraj Hospital, also in Bangkok, for research on double fortification of local foods with iodine and vitamin A.

B. Experience with the application of recent Executive Board policies

United Nations agency and Executive Board member participation in country programme exercises

18. Four countries (China, Indonesia, Myanmar and Viet Nam) undertook country programming exercises during the year. As a matter of accepted practice, representatives of countries which are members of the UNICEF Executive Board are always invited to participate in strategy and preview meetings, and the invitations are usually accepted. In Myanmar, for example, ambassadors and chargés d'affaires from 13 Executive Board member countries participated in a meeting to review the draft master plan of operations, and WHO, FAO and UNDP were involved directly and actively in the framing of the proposed UNICEF country programme. In China, Indonesia and Viet Nam, the above-mentioned agencies, as well as UNFPA, ILO, the World Food Programme, the World Bank and the Asian Development Bank, also were consulted on specific programmes. There has been a clear tendency for countries represented on the UNICEF Executive Board, UNICEF sister United Nations agencies and other multilateral agencies to take an increasingly active interest in programme planning and development exercises.

Gender equity and empowerment of women and girls

19. Although the status of women is generally better in the East Asia and Pacific region than in many other areas, females are still disadvantaged in education and employment opportunities. National commissions for women's affairs have been established widely throughout the region, but only three countries have adopted national policies specifically for women, and only five have ratified the Convention on the Elimination of All Forms of Discrimination Against Women. Efforts to incorporate gender concerns in programming processes have had mixed success, but continue to receive priority effort.

20. The regional office and all country offices participated in the Jakarta preparatory meeting for the 1995 Fourth World Conference on Women to ensure that UNICEF concerns were incorporated into the Declaration and Plan of Action for the Advancement of Women. Country offices have appointed focal points on women in development to promote gender concerns in programme planning and implementation, and gender analysis training has been conducted for UNICEF staff at both regional and national levels. In programme terms, economic empowerment of women through the establishment of credit facilities and other support for income-generating activities in Cambodia, China, the Lao People's Democratic Republic and Viet Nam has been particularly successful. These interventions have made a positive contribution to the welfare of poor rural women and their families.

Emergencies

21. UNICEF contributed $100,000 towards the rehabilitation of health centres and primary schools as part of UNDP/United Nations Department of Humanitarian Affairs emergency relief following the devastating floods in southern China in the summer of 1994. The Philippines received relief and rehabilitation assistance for 18,000 families living on the slopes of Mount Pinatubo, where ash and mud flows related to the 1992 eruption are still major problems. In addition, support was provided for strengthening local capacity for disaster preparedness and management. Funds amounting to $100,354 from the Australian National Committee for UNICEF were provided to Viet Nam for refurbishing facilities and equipment in primary schools and health centres following a typhoon and flooding which affected 9 million people.

Use of global funds

22. China received a total of $950,000 in global funds for activities related to universal salt iodization, BFHI, ORT and improved delivery of tetanus toxoid vaccine. In Indonesia, $800,000 was allocated for the control of IDD and diarrhoeal diseases. Supplies for the expanded programme on immunization (EPI) and IDD were purchased with $200,000 in global funds for the Lao People's Democratic Republic. Mongolia was allocated $165,000 for vaccines and technical assistance to assess cold-chain requirements and for the salt iodization programme, and Myanmar, $979,000 for education, HIV/AIDS, IDD and EPI expansion. The Pacific Islands programme received $2,624 for the procurement of polio vaccine, and in the Philippines, a total of $610,000 was used to support mid-decade goals strategies, including reviews and operations research on IDD and capacity-building for BFHI. In Thailand, $150,000 was used for AIDS/sexually-transmitted disease prevention and early childhood development. For Viet Nam, $86,000 was approved for improvement of programme management, evaluation of a Bamako Initiative project and studies on education.

C. Regional office support to country programmes

23. Assistance was provided for planning and advocacy related to the mid-decade and World Summit goals, organization and coordination of intercountry study visits, participation in regional meetings and workshops, identification of consultants and dissemination of information. Priority attention was given to support for country programme preparation in China, Indonesia, Myanmar and Viet Nam. The regional director, along with other senior staff in the East Asia and Pacific Regional Office, participated in the strategy/preview meetings in all countries preparing submissions to the Executive Board. In Myanmar and Viet Nam, the regional office assisted in organizing and conducting workshops for government officials on country programming processes and procedures. The first regional workshop on social mobilization was held in Bangkok, bringing programme officers together with information and communication staff from UNICEF country offices, the regional office and New York headquarters.

24. In addition, the regional office provided a range of technical advisory services to country offices, covering key programme areas in health, education, the Convention on the Rights of the Child, children in especially difficult circumstances, HIV/AIDS, women's issues and monitoring and evaluation, as well as management assistance in administration, personnel, supply services and information resource management. For example, the regional education adviser took part in a World Bank mission to formulate an education strategy for Indonesia. Regional staff have assisted the Suva sub-office to organize its subregional mid-term review and initiate planning for the programme of cooperation for the period 1996-2000, examining the specific needs of Pacific Islands children now and in the years ahead and how UNICEF assistance might be used most effectively. The UNICEF office at Yangon was assisted in developing a plan of action for collaboration with NGOs, particularly the Maternal and Child Welfare Association in Myanmar. A training workshop in goitre survey methodology and salt testing procedures was conducted in Papua New Guinea, and

regional office staff participated in the preliminary assessment of six hospitals for "baby-friendliness". The regional office provides technical assistance for planning, data gathering and analysis for monitoring and evaluation, and is the focal point for multiple indicator survey methodology. The offices in Cambodia, Indonesia and the Lao People's Democratic Republic have been assisted in planning for monitoring achievement of the mid-decade goals through multiple indicator survey techniques, tracking of programme performance and incorporation of monitoring and evaluation activities into country programmes. Development of indicators for monitoring of children in especially difficult circumstances is an important, newly-emerging area requiring technical assistance by regional staff. With the addition of a post for information resource management, the regional office is now able to provide technical advice and support for development and improvement of computerization and information management in country offices.

D. Trends and prospects

25. As mentioned above, for most countries of the region, substantial progress has been made in recent years in addressing the problems of basic survival and development of children. Although much remains to be done in these areas, the most urgent challenge for a growing number of countries is in the area of protection as a result of the adverse consequences of rapid social change. It is now necessary to find solutions for a newly-emerging set of problems, many of which are in part by-products of the region's economic success. These include: (a) rapid breakdown of community values and traditional forms of social support and control, leading to increased unemployment, rising crime rates and abuse, neglect and exploitation of children; (b) increasing polarization between the poor and the non-poor, and a widening gap separating minority groups, remote and isolated communities and the socially and economically disadvantaged from the mainstream; (c) rapid environmental degradation and deterioration of the physical infrastructure under the stresses of over-exploitation of natural resources and explosive population growth, especially in urban areas; (d) a serious and growing threat of HIV/AIDS, which disproportionately affects the young and disadvantaged, and isolated and minority communities; and (e) in large parts of the region, educational systems that are not only incapable of reaching all children, but which also are unable to provide education appropriate to the demands of the twenty-first century. New programmes of cooperation in China, Indonesia, Myanmar and Viet Nam are highlighting these issues in terms of advocacy and direct programme support.

26. The recent Ministerial Conference in Preparation for the World Summit for Social Development, held in Manila, adopted an agenda for the Asia and Pacific region that gives high priority to the needs and concerns of children. To promote a similar awareness of the importance of children's issues to social development at the Summit, the regional office is preparing an information and advocacy package for distribution in Copenhagen, linking current problems and programmes in the East Asia and Pacific region with the Summit themes of poverty alleviation, employment generation and social integration.

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PROGRAMME DEVELOPMENT IN THE SOUTH ASIA REGION

SUMMARY

The present document reports on and analyses major new trends and developments in UNICEF programme cooperation in the South Asia region during 1994.

The UNICEF regional office has responsibility for cooperation in the seven member countries of the South Asian Association for Regional Cooperation: Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. In October 1994, responsibility for Afghanistan was transferred to another region.

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I. INTRODUCTION AND OVERVIEW

1. The South Asia region has maintained moderate economic growth for the past several years. Recent moves towards more open market economies in some countries are resulting in more rapid growth, but also are causing new problems. Despite its impressive natural and human resources, South Asia has the lowest per capita income of any region. Nearly one fifth of the world's population and almost one fourth of the world's children live in the region. One third of all young child deaths in developing countries occur in South Asia. The region has the world's highest illiteracy rate, particularly for women, although there are some encouraging exceptions. South Asia is also home to one half of the world's malnourished children.

2. UNICEF cooperation aims to combat this multifaceted poverty of income, education, nutrition, health and hygiene, as well as the weakness of social support systems, beginning with their effects on children. There is continuing progress as measured by most social indicators, but the pace of change must and can be accelerated, as has been demonstrated in recent years.

3. Parliamentary democracy is the norm across the subcontinent. Politically, the results of elections held in 1994 suggest that countries are moving away from systems dominated by single parties towards coalitions and consensus. There has been relative political stability in India, but the prolonged parliamentary stalemate in Bangladesh is beginning to affect the economy adversely. Pakistan continued to move towards political stability, and there were major changes of government in Nepal and Sri Lanka. The endemic conflict in Afghanistan, combined with chronic poverty, has resulted in a near total collapse of the social infrastructure and untold suffering for children and women. The rest of the region has not been totally free from problems such as militancy, ethnic and civil strife and political unrest, which detract from the attention and resources required for social development. However, South Asia did not suffer any extensive natural disasters in 1994, except for the not unusual drought and floods in the west of India and the consequences - ultimately more economic than anything else - of the outbreak of a plague-like disease in the Indian state of Gujarat.

4. Real per capita gross domestic product, adjusted for purchasing power, has increased in the region as a whole in recent years, led mainly by gains in Bangladesh and India. All countries in the region are facing rising public expenditures, mounting debt servicing costs, systemic constraints in absorbing and deriving full value from external aid to the social and economic sectors, the uncertainties of export-led growth and continuing inabilities to reduce heavy fiscal deficits. A cumulative consequence of these factors is double-digit inflation, which has an especially severe impact on those living in or close to poverty.

5. National averages mask wide and persistent differences in real household income. Given the high levels of income disparity within countries (e.g. in India, the poorest 40 per cent of households receive only 21 per cent of the total income), it is far from clear if poor households have benefited from the overall economic growth. In fact, evidence from surveys of household income and expenditure indicates that income distribution has continued to deteriorate across the region. In the spreading urban areas, the proportion of poor people is increasing steadily, with one fifth of the regions' poor living in towns and cities. Subject to varying definitions of poverty and different methods of measurement, it is estimated that well over 500 million people in South Asia (more than two fifths of the total population) live in poverty. In Bangladesh and Nepal, more than one half of the people live below the poverty line.

II. CHILDREN'S AND WOMEN'S RIGHTS

6. Between August 1990 and December 1992, all seven member countries of the South Asian Association for Regional Cooperation (SAARC) ratified the Convention on the Rights of the Child. Pakistan sent its first report to the Committee on the Rights of the Child in 1992 and resubmitted it in 1994 in the light of the Committee's comments. The reports of Maldives and Sri Lanka were submitted during 1994. Bangladesh, Bhutan, India and Nepal are preparing their reports. The most promising development of the reporting process has been the increasing involvement of voluntary, political and professional groups, and of children themselves, in determining what needs to be done and, thus, the content of the reports. UNICEF has supported people's, especially children's, participation in this government-led process of review and reform.

7. Because of the situation of girls and women in South Asia, UNICEF is advocating strengthened links between the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The latter has been ratified, although with reservations in some cases, by all the countries except Pakistan, which expects to do so soon. This advocacy work is aided at regional, national and local levels by the SAARC Decade Plan of Action for the Girl Child. In addition, UNICEF is working to link child rights issues to the achievement of goals for children in the region.

8. During the period prior to the Fourth World Conference on Women, a common position by the regions's Governments and women's organizations has emerged, linking the condition of women's lives to their position in society. Based on a regional study, a workshop on "The girl child in difficult circumstances" was arranged, resulting in an analytical report and follow-up in terms of surveillance, advocacy and action-research. Within UNICEF, gender training was organized both at regional and country levels. More and more staff are being sensitized on gender issues.

III. GOALS AND STRATEGIES FOR THE DECADE

9. Despite problems of poverty, population growth and environmental depletion, South Asia remains on course towards the mid-decade goals for children, mainly because of the democratic changes under way in the region. UNICEF has supported the countries, individually through country programmes of cooperation and collectively through SAARC and non-governmental regional groups, to achieve the mid-decade goals as stepping stones towards the goals for the year 2000. Progress towards specific goals is described below.

10. Immunization coverage of 80 per cent or more is expected in all countries except Nepal and Pakistan, where the targets can be reached only with redoubled effort. The same applies to the targets for the elimination of neonatal tetanus, the reduction of measles deaths and cases, and the elimination of polio in selected areas. The elimination of polio in both India and Pakistan will be a challenge.

11. The target for vitamin A can be achieved with unprecedented effort in India. There will be near universal iodization of salt in all countries except Nepal, where additional resources will be required. Achieving 80 per cent use of oral rehydration therapy will be problematic in Bangladesh, India and Pakistan because of the wide gap between awareness and actual practice. The targets set for the Baby-Friendly Hospital Initiative are being achieved, although major challenges remain in Bangladesh and India.

12. Targets for access to safe drinking water supplies are likely to be achieved in all countries except Maldives and Nepal. Dracunculiasis (guinea worm disease) practically has been eliminated in India and Pakistan and, therefore, from the region.

13. The three most ambitious goals for the region are a reduction in protein-energy malnutrition (PEM), universal primary education and expansion of access to sanitation.

14. The prevalence of PEM is unacceptably high in all countries, although it is less widespread in Bhutan and Pakistan, and manageable in Maldives. In spite of the large amount of national resources being invested in programmes and projects to reduce PEM, there has been very little improvement. A regional nutrition initiative, based on experience gained from successful programmes in the region, will help to accelerate achievement of the goal for the year 2000.

15. In the area of primary education, while there have been significant breakthroughs in policies and programmes in some countries, overall progress towards the mid-decade goals is uneven. Coverage, as distinct from quality, remains historically high in Maldives and Sri Lanka and has reached high levels in several Indian states. A major challenge is to improve the reliability of basic data in several countries to reflect more accurately the situation on the ground. At the same time, innovative and successful initiatives abound in South Asia, often launched by voluntary agencies and linked, for example, to rural credit, workers' cooperatives, women's groups and community organizations. Local planning and community management, the proven responses to problems of access, relevance, retention and quality, increasingly are being explored in some countries.

16. Given the relatively modest mid-decade goals for sanitation, it is likely that they will be achieved, although only with considerable extra effort in India, Maldives and Nepal. Progress in this area will depend heavily on changes in attitude and behaviour. Increasingly, experience is showing that latrines constructed with government funds or external aid are not likely to lead to a social movement for sanitation. Viable alternatives specific to climate, terrain, culture and community have to be promoted, with a decision-making role for women and linked to reoriented systems of education, communication, public health and local governance.

17. Fortunately for South Asia, the development strategy of achieving social goals with a human rights perspective is not new and has been accepted in principle and legitimized through policies and plans. Thus, a community-based multisectoral approach to social goals that are relevant to children and women is included in country programmes in Bhutan and India. It is reflected clearly in the framework of the current programme of cooperation in Sri Lanka; the strategy also is explicit in the national programmes of action of Bangladesh, Maldives, Nepal and Pakistan. This strategic consensus was reinforced in the Colombo Resolution on Children (1992) and endorsed by the SAARC Summit held in Dhaka in 1993.

IV. COOPERATION WITH REGIONAL INSTITUTIONS AND NETWORKS AND UNITED NATIONS AGENCIES

18. Within the framework of the cooperation agreement signed in December 1993 by the UNICEF Executive Director and the SAARC Secretary-General, a number of collaborative activities have been identified for the period 1994-1995. In mid-1994, the SAARC Standing Committee and Council of Ministers approved a common format for members to use when reporting on children to the annual

summit; they also agreed to establish or strengthen an interministerial Committee for Children to prepare the annual report. Preparations have begun for a workshop, scheduled for early 1995, to review the working of national laws and regulations related to the International Code of Marketing of Breast-milk Substitutes, and possibly to agree on a SAARC "model code". UNICEF advocacy with SAARC suggests a greater focus on poverty alleviation, with concurrent support for community organization, household economy and human development. Other items on the agenda of SAARC cooperation include an initiative on universal salt iodization, "mapping" of selected common problems and effective responses across countries (e.g. PEM, early marriage and child labour), and stimulating intercountry cooperation on using district-level computerized systems to monitor the changing situation of children and women.

19. An overriding concern, in cooperation with SAARC as well as regional professional associations, is implementation of the SAARC commitment to community-government partnerships to meet common agreed goals. In 1994, a work plan was elaborated to develop an operational strategy for achieving the goals through a rights-based approach. This will be followed by the provision of intercountry support for decentralized annual planning to achieve goals in a manner consistent with child rights.

20. In the non-government sector, a number of issues have been identified for cooperation with the South Asian Association for Women Studies, which was launched in November 1993 with UNICEF support. Support is provided for studies, training, advocacy and information exchanges among the countries on critical issues affecting girls and women in the region.

21. UNICEF helped to reactivate the South Asia Medical Association at a conference held in Kathmandu, Nepal, in April 1994, resulting in a commitment by members of the regions's medical profession to a decentralized health strategy that focuses on priority health problems ranging from acute respiratory infections to acquired immune deficiency syndrome. The report of the South Asia consultations in 11 interrelated fields, held during 1992, laid the foundation for expanding regional networks for children and women. This aim is closely related to communication for advocacy and resource mobilization, for which a number of major initiatives were undertaken in 1994. A regional workshop on development journalism was organized in October 1994 with the help of the Thompson Foundation. The South Asian-Nordic Network of Women Journalists - Women Watch - met in Copenhagen on the theme of "Violence against women". The regional newsletter "Links" was published bi-monthly, complementing the development journal "Future" and the documentation quarterly "Search". The regional office also assumed responsibility for coordination of the multimedia communications initiative on girls known as the "Meena" project. This has evolved over the year into a subregional initiative with demonstrated potential for wide dissemination throughout the region and even beyond.

22. At the regional level, UNICEF has productive working relationships with the United Nations Population Fund in the area of women's and family health; with the Office of the United Nations High Commissioner for Refugees in the Bhutan refugee camp in Nepal); with the World Health Organization on urban health and diarrhoea control; with the United Nations Educational, Scientific and Cultural Organization (UNESCO) on the International Institute for Educational Planning (IIEP) project on Innovations in Basic Education, the IIEP-UNICEF regional workshop on decentralized educational initiatives and the UNESCO South Asia Network on distance education); and with the International Labour Organisation on child labour. There also have been consultations or contacts with the United Nations Development Programme, the World Bank and the United Nations Economic and Social Commission for Asia and the Pacific on the SAARC goal of poverty reduction.

23. At the country level, United Nations agencies are involved in the country programming exercise. In Bangladesh, a jointly supported analysis of the situation of children and women was published in 1994. The President of the Executive Board visited Bangladesh in 1994. In Pakistan, all agencies have worked closely on the elaboration of a country strategy note, which will guide future collaboration with the Government.

V. SUPPORT TO COUNTRY PROGRAMMES

24. During the year, the regional office supported health and nutrition activities in most of the countries of the region. In Bangladesh, support was provided for an evaluation of the immunization component of the programmes of the Bangladesh Rural Advancement Committee which are funded by UNICEF. Support also was provided for the development of health strategies for meeting the mid-decade goals. In India, the regional office provided support to efforts to mobilize voluntary agencies in states with low immunization coverage. In Nepal, the office provided advice for district-level microplanning, training for growth monitoring and a training workshop for health personnel. In Pakistan, the training of trainers of female village workers, the mobilization of voluntary agencies for a community-government partnership in health and the establishment of a South Asia Alliance on Nutrition and Human Rights were areas for which the regional office provided support. At the request of the Myanmar country office, the office provided assistance to develop the health and nutrition component of that country's programme of cooperation.

25. In the area of education, the regional office provided technical support for training workshops on multigrade teaching in Pakistan, participated in the UNESCO-UNICEF regional workshop on innovative projects in Bangladesh and collaborated with IIEP on regional training for decentralized initiatives.

26. The regional office also provided advice to UNICEF Bangladesh on the preparation of its country programme for the period 1996-2000, as well as to other countries that are in earlier planning stages of that process. The regional training committee was serviced by the regional office. An operations training workshop was conducted in Islamabad, Pakistan, in October.

VI. TRENDS AND PROSPECTS

27. Based on the strong national and subnational networks established through UNICEF country programmes, the aims of the Regional Office for South Asia are increasingly to focus on intercountry networking and collaboration with SAARC. Its role as a regional knowledge centre on child development, and its functions of support to the country offices and monitoring and constructive criticism of their activities, are by now well established. The policy and strategy framework for cooperation with SAARC and other regional bodies is in place. Attention will now focus on implementing agreed plans and strategies for achieving the goals for the decade and the rights of children and women.